

Health



Best Practice Case Study: 01

Accreditation,
Regulations &
Compliance of Public &
Private Health Facilities

(A Case Study of Lagos HEFAMAA and
Yobe YOHFIMA)

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HEFAMAA	Health Facility Monitoring and Accreditation Agency
HCF	Health Care Facilities
HSRL	Health Sector Reform Law
HSL	Health Scheme Law
HMA	Health Management Agency
ICT	Information Technology
KII	Key Informant Interview
LASAA	Lagos State Advertising Agency
LSMoH	Lagos State Ministry of Health
MoH	Ministry of Health
MDA	Ministries, Departments and Agencies
NGF	Nigeria Governors' Forum
NHA	National Health Act
NMA	Nigerian Medical Association
NHOCAT	Organizational Capacity Assessment
PHCB	Primary Health Care Board
PCN	Pharmaceutical Council of Nigeria
PMVs	Patent medicine vendors
SOP	Standard Operating Procedures
SWOT	Strengths Weaknesses Opportunities Threats
SHMB	State Hospital Management Board
SMoH	State Ministry of Health
SMoJ	State Ministry of Justice
SPHCDA	State Primary Health Care Development Agency
SPHCMB	State Primary Health Care Management Board
TMB	Traditional Medicine Board
TQA	Total Quality Assurance
ToR	Terms of Reference
WHO	World Health Organization
UHC	Universal Health Coverage



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Lagos State	Prof. Akin Abayomi	Honorable commissioner for Health
	Dr. Abiola Idowu	Executive Secretary, HEFAMAA
	Dr. Olayinka	Director, Monitoring and Inspection
	Dr. Benjamin Olowojebutu	NMA chairman, Lagos Chapter
	Mr. Bolaji Akala	Insight Health
	Dr. Rita	Vhelar Consulting
	Dr. Johnson J. Emene	Godswill Family Hospital

Yobe State	Dr. Muhammad Lawan Gana	Honorable commissioner for Health
	Dr Yusuf Bukar Ngamdu	Executive Secretary, YOHFIMA
	Mrs Nkiruka Okafor	Healthcare Quality Specialist





Background

This case study was undertaken to understand the challenges inherent in providing healthcare services from a standard and compliance perspective for patient safety and quality-of-care in Lagos and Yobe states. The Lagos State Health Facility Management and Accreditation Agency [HEFAMAA] and Yobe State Healthcare and Health Related Facilities Inspection and Monitoring Agency [YOHFIMA] are best practice case study in the health sector selected for review and documentation. The choice of Lagos HEFAMAA and Yobe YOHFIMA as case studies is not farfetched, largely due to the overall impact the agencies have in the health sector. At the time of conducting this case study, Lagos and Yobe are the only states with a fully operational health facility regulatory agency for both public and private health facilities. There is information about other states having regulatory frameworks and agencies for health facilities, however, these agencies are only focused on regulatory functions for private health facilities in the state.

The aim of this case study is to learn and document the operational framework of Lagos HEFAMAA and Yobe YOHFIMA in the effective regulation of public and private health facilities, while also synthesizing lessons learnt and recommendations for knowledge sharing and peer learning for other states.

Method

The research design for the study followed a pattern of personal observation, informal interview with key informants and some officials, supported with a semi structured questionnaire. A desk review was conducted on the selected best practice case study for Lagos and Yobe States. Following which a qualitative approach was undertaken with questions developed across different thematic areas derived from the desk research. A thematized template was used to guide the drafting of the question in order to ensure all areas of the best practices are covered. These questions guided the field visit to gather additional information on the best practices. The research team conducted a travel to Lagos and Yobe State to gather additional information and conduct insight and KI interviews with key actors.

Result

The questionnaire developed for gathering information about the case study was framed across three [3] categories; General questions [31], Organization function-related questions [41] and Key Informant Interview questions [58]. The questions under each of the 3 categories were further thematized to achieve depth on the case study. The general questions category is classified under 8 thematic areas; for the Organizational functions related questions, the questions were classified under the different organizational function areas; and the questions for the KIIs, although planned for 10 persons but only 8 persons were interviewed under 3 thematic areas. All questions returned with positive responses.

Conclusion

Following the review of all information gathered about HEFAMAA and YOHFIMA as a public health best practice in Lagos and Yobe states respectively, we conducted additional research on the regulatory efforts by other state ministries of health in the country. We found out that a number of states have a regulatory framework for only private health facilities excluding the public health facilities. HEFAMAA and YOHFIMA are the only state government regulatory agencies with full standards and compliance coverage for private and public health facilities in the country.

Lagos is the first state in Nigeria with a fully functional operational framework for the regulations of standards and compliance for both public and private health facility.



Achieving Universal Health Coverage [UHC] is one of the targets set by the nations of the world when they adopted the 2030 Sustainable Development Goals [SDGs] in 2015. At the United Nations General Assembly High Level Meeting on UHC in 2019, countries reaffirmed that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development.ⁱ Going by the position of the UNGA, we believe that having a balanced and coordinated regulatory framework for the healthcare space in Nigeria will guarantee its attainment of the UHC.

Health care regulations and standards are necessary to ensure compliance and to provide safe health care to every individual who accesses the system. The health care regulatory agencies in turn monitor practitioners and facilities, provide information about industry changes, promote safety and ensure legal compliance and quality services.ⁱⁱ In Nigeria, there is a regulatory body responsible for the regulation of federal teaching hospitals and Federal medical centers and likewise, the state ministries of health are responsible for setting up regulatory bodies for the regulation of medical practices in both public and private health facilities within the state.

The Lagos State Health Facility Monitoring and Accreditation Agency [HEFAMAA] was established in March 2006 by the Health Sector Reform Law [HSRL] 2006. The agency is solely responsible for licensing, accrediting and monitoring of all public and private health facilities in Lagos State. HEFAMAA was established as an autonomous agency under the Lagos SMOH, having an executive secretary as the operational head and a governing board providing advisory and oversight functions.

The Agency has a mandate to regulate and improve the quality of health care delivery in Lagos State through the performance of certain functions amongst which are [1] set minimum standards for operations of private and public health facilities, [2] accredit, inspect, license and register health facilities, [3] evaluate health facility performance through monitoring visits and [4] coordinate collection and dissemination of data on performance indicators.

The Yobe State Healthcare and Health-related Facilities Inspection and Monitoring Agency [YOHFIMA] was established by law on 4th January 2023. It is responsible for inspection, accreditation, registration, monitoring and regulation of all healthcare and Health-related facilities (public and private) in Yobe State.

The alignment of the Nigeria Governors' Forum [NGF] with the National health agenda for Universal Health Coverage (UHC) stimulated the need to look inwards and understand what has worked and what has not worked in the health space at the sub-national level. This perspective is not without the hindsight of the different best practices that have yielded tremendous impact within peculiar geopolitical context but for one reason or the other have failed to scale-up beyond the pilot scope, and even worse still are not sustained beyond the initial pilot phase.

The NGF Secretariat is of the opinion that there couldn't have been better time than now for the Nigeria State to galvanize all of the knowledge resources generated from providing healthcare to its citizenry in the many decades of its existence to address critical problems of health today. Beside the challenges of emerging diseases and emerging global context to addressing national health disparity and health security; the healthcare landscape has remained pretty much the same and remains bedeviled with the same challenges some of which are now with different dimensions, whether it is in service delivery or demand creation or supply chain or data management or system strengthening or immunization, or maternal health and many others.



Medical quackery:

The practice of quackery in the health care sector in Nigeria is an issue of major concern to stakeholders in the health sector and even the nation at large. Untrained, unqualified, unskilled and incompetent individuals profess to have necessary knowledge, skill and ability to render medical and surgical treatment whereas their representation is false and misleading. This has posed a grave problem to the health sector in Nigeria and has increased mortality rates.ⁱⁱⁱ

The Lagos and Yobe state health sectors are not free from what is described in the paragraph above. The proliferation of facilities with unskilled and unlicensed personnel providing medical services to the unsuspecting public in these two states has resulted in several issues of patient safety and quality of care with the resultant medical complications which are in most cases irreversible. The exodus of medical doctors and nurses to other countries has further compounded the problem by creating a vacuum which are now filled by unqualified and unskilled persons.

Setup of facilities in unsuitable environment

Establishing and maintaining a safe health care environment is a fundamental consequence of the Hippocratic oath: *primum non nocere* (first do no harm). It is recognized in international development policy through the Sustainable Development Goals (SDGs).^{iv}

The location of some health facilities in parts of Lagos state became a big challenge for the healthcare system because of the associated risk of the environmental hazards to patients patronizing such facilities. This is further compounded by the fast-growing population in the state with an attendant increase in demand for health care services resulting in proliferation of health facilities that have made little or no consideration in establishing standards regarding their operating environment. Many issues were identified to impact on a health facility's environment in Lagos and Yobe state; internal factors such as waste management, noise pollution, and infection control; and also external factors such as sources and treatment of water, sewage treatment and disposal.



Running facilities without the right compliment of equipment

While it is indeed very important to have the right caliber of personnel to work in a health facility, a lot of their skills will not come to full practice without the right compliments of medical equipment and devices. A significant number of health facilities in Lagos and Yobe states were found to setup and commence healthcare service provision without having the minimum standard of equipment required for the category of facility they operate. This comes at a great risk to the patients who assume that the facilities they are patronizing should have all that they require to provide them solutions to their health problems.

This was a common challenge noticed with private health facilities before the advent of HEFAMAA and YOHFIMA. On the other hand, the public health facilities which are government owned are setup with the right compliments of equipment, but again and again it was noticed that some of the equipment can no longer be found after a short period of time or are non-functional.

Absence of Standard Operating Procedures

The absence or non-adherence to healthcare procedural standards established as a general practice has constituted several challenges in both Lagos and Yobe state health sector with an attendant increase in risk to patients and reduction in the quality of care. This problem existed in both public and private health facilities across Lagos and Yobe States and constituted the major reason for a regulatory and standards agency.

HEFAMAA and YOHFIMA were established to address these four [4] major problems and many others bedeviling the health sector in Lagos and Yobe States respectively.



During our research, key findings were made, and we have put all of that together to guide states, particularly those without any form of health facility regulatory agency and indeed states with only the private health facility regulatory agency to learn from the HEFAMAA and YOHFIMA best practice. These findings were derived from primary and secondary research conducted during our study. Our findings are outlined below.

Table 1: List of findings from case study

S/N	Findings
1	Rationale for regulating public health facilities alongside private health facilities
2	Organizational Capacity Assessment
3	Regulations of Only Private Health Facilities
4	Comparison of Legal Provisions for HEFAMAA and YOHFIMA
5	Composition of governing board and functions for HEFAMAA and YOHFIMA
6	Comparison of Departments and functions for HEFAMAA and YOHFIMA
7	Comparison of Operational guidelines for HEFAMAA and YOHFIMA
8	Comparison of Scope of work and services for HEFAMAA and YOHFIMA

1

Rationale for regulating public health facilities alongside private health facilities

The necessity of a standard setting in the health services has become widely recognized in recent times. According to the World Health Organization, the purpose of setting health standards as a tool in health services management is to strive to achieve the highest quality of care possible within the resources available. Standards provide degrees of excellence to be pursued in a given exercise(s). They provide the basis for monitoring, comparison, supervision and regulation of the given services.^v

The public health facilities unlike the private health facilities are owned by the government. And as the name implies, they are open to everyone, provide service to everyone and should be affordable to everyone irrespective of their social status. On the other hand, private health facilities even though owned by private individuals also share the same principles with the public facilities but are however profit driven and more expensive as compared to public facilities. This, therefore, makes it imperative amongst other reasons why the public health facilities should be accredited and regulated too like the private health facilities for optimal service provision. Two important areas addressed by the regulation of public facilities are the governance inequality and confidence building.

Governance Inequality: In health system governance, it may appear hypocritical for State governments who double as owners of public health facilities and regulators of private health facilities, to only regulate private health facilities excluding the facilities they own.-public facilities in this case. In many instances, we have seen where private health facilities have better quality of service and care, and as a result the populace have considered them as the first point of call instead of the public health facilities. Evidence has shown that accreditation and regulation have tremendous effect on the quality of service and care received by a patient in any given healthcare facility. And as such, the choice of private health facilities as the first point of call instead of the public health facilities could be akin to the compliance to standards and regulations set by state governments for private facilities but not for public facilities.

Confidence building: The level of confidence and faith of the people in hospitals can be increased through accreditation since it ensures that the accredited healthcare organization practices and delivers continuous quality services and also functions in the best interests of all patients. The primary goal of the accreditation is to ensure that the hospitals not only perform evidence based practices but also give importance to access, affordability, efficiency, quality and effectiveness of healthcare.^{vi}

Table 2: Comparison of Public & Private and Private only Regulatory Agencies

Public & Private Health Facility		Private Health Facility	
State	Name of Agency	State	Name of Agency
Lagos	Health Facility Monitoring and Accreditation Agency- HEFAMAA [Est. March 2006]	Bauchi	Bauchi State Registration & Regulation of Private Health Facilities [Est. 1986]
Yobe	Yobe State Healthcare and Health related Facilities Inspection and Monitoring Agency- YOHFIMA [Est. May 2023]	Kano	Kano State Private Health Institutions Management Agency- PHIMA [Est. 2017]

2

Organizational Capacity Assessment

Organizational assessment is the process of judging how well a organization or group is doing and how well it works. This can mean looking at different parts of the organization, like its structure, culture, and processes, to find ways to improve it and develop plans to reach its goals.^{vii} As part of our review of this case study, we extensively reviewed various documents to enable us to understand ‘how’ the accreditation and monitoring agencies established in Lagos

and Yobe states are doing in line with the legal provisions and national cum global standards set out for the successful operations of such agencies. We found out that the Lagos HEFAMAA has undergone its first extensive assessment following its morphology into a full fledge agency. However, this assessment is long due for a follow-up review to ascertain implementation from the first review. Yobe state on the other hand, is yet to implement a form of assessment, even though YOHFIMA only commenced full operations in 2022, we expect that an assessment at the end of this year will quickly guide the state from any major form of derailment or substandard in its operations and management.

An institutional/organizational capacity assessment of the HEFAMAA was conducted in September 2015 by PATHS 2 with funding from UK government. And since the assessment was conducted 9 years ago, no other assessment has been conducted to assess the progress made by the agency against the recommendations of the PATHS 2 assessment. From primary investigations conducted, we gathered firsthand with secondary evidence of achievements made along the 16 recommendations made by PATHS 2.

The recommendations made from the assessment were derived following an extensive evaluation of the different aspects of HEFAMAA. A Capacity Assessment Tool utilized for the assessment had three sections that [1] scored performance of organizational capacity across nine domains, [2] identified gaps and [3] generated a capacity development plan for the agency. It assessed leadership, adaptive, management and operational capacities including systemic and technical competencies. The systems component considered Human Resource Management; Budgets and Financial Management; Physical Infrastructure; Partnerships, Resource Mobilization and Accountability; Knowledge Management, Monitoring and Evaluation. Technical capacity assessment focused on Leadership and Governance; Experience, Skills/Technical Management; Coordination; Planning and Supervision/Oversight of Standards. Total weighting of the nine different domains was 100%.^{viii} An overall institutional capacity score of 23.4% was achieved at the end of the assessment. All domains were ranged in the categories of Very Poor Capacity to Needing Overhaul.

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In the absence of a full-scale evaluation to assess the progress made against the institutional assessment conducted eight [8] years ago, we decided to review the recommendations from the assessment against the actual implementation status in the agency. The outcome of our evaluation revealed an overall achievement of 75% of the total 16 recommendations made. We have summarized the status below.

Table 3: Status of Recommendations from Institutional Capacity Assessment

S/N	RECOMMENDATIONS	STATUS	REMARKS
1	Management should be led by an Officer on an equivalent rank of Grade Level 17 in the Civil Service.	Achieved	
2	Develop an organizational strategic plan.		
3	Evolve inclusive planning and expanded evidence-based management systems.	Ongoing	
4	Review the state healthcare regulatory framework in conformity with current healthcare regulatory standards and changing health financing landscape following the recent passage of the Lagos State Health Scheme Law on mandatory health insurance for Lagos residents.	Ongoing	
5	Strengthen linkages and collaborations with other health regulatory bodies in Lagos State.	Achieved	
6	Develop strong collaborative intelligence and networking systems for tracking information on quackery;	Achieved	
7	Strengthen resource mobilization structures.	Ongoing	
8	Establish a Corporate Services Unit which would coordinate stakeholder interface and public relations to improve service delivery and related engagements;	Achieved	
9	Establish a Legal Department to provide guidance for establishment, operations and litigation matters.	Achieved	
10	Engage in training and human capital investments in leadership, skills acquisition, strategic thinking and analysis to adapt rapidly to the changing health regulatory environment.		
11	Posting and appropriate deployment of additional technical personnel.	Ongoing	Funding remains an impediment
12	Develop and implement a staff appraisal system.	Achieved	
13	Management and administrative structures should be adapted from relevant State civil service guidelines.	Achieved	
14	Review and/or develop requisite organizational policies and manuals.	Achieved	
15	Develop Organizational Performance, Monitoring and Evaluation systems.	Achieved	
16	Internal mechanisms should be strengthened by defining, documenting and institutionalizing processes.		

3

Regulations of Only Private Health Facilities

Our effort to identify other states with a health facility regulatory agency revealed that a few other states already have a health facility regulatory agency but different from that of Lagos and Yobe States, while a few others are in the process of setting up one. Bauchi and Kano states have a regulatory agency but only for private health facilities, while Niger, Kaduna and a few other states are also looking at setting up their own regulatory agencies and tending towards the Bauchi and Kano States model.

So, it will be fair to make assumptions that several other states are most likely going to set up a health facility regulatory agency soon but the question that begs to be answered is, what form of regulatory agency are they likely to have?

Like the popular saying goes, ‘what is good for the goose is good for the gander’ and this is particularly so for states with only the private health facilities regulatory agency or considering setting up one like that of Bauchi and Kano State. The question is why shouldn’t the public health facilities be regulated? The assumption out there is that the State Primary Health Care Development agencies [SPHCDA] or management boards [SPHCMB] as well as the State Hospital Management Boards [SHMB] perform the functions of regulating public Primary Health Care [PHC] facilities and public secondary/tertiary health facilities respectively. This is not exactly true following our review of gazettes establishing the SPHCDA or

SPHCMB in six [6] states [Nasarawa, Ekiti, Lagos, Bauchi, Niger & Taraba States] and the gazettes establishing the SHMB in five [5] states [Ondo, FCT, Yobe, Nasarawa & Lagos States].

For clarity over the roles of the different agencies, we have summarized the key functions of SPHCDA/SPHCMB, SHMB and HEFAMAA in the table below.

Table 4: Comparison of Functions across SPHCDA/SPHCMB, SHMB and HEFAMAA

Thematic Areas	SPHCDA/SPHCMB	SHMB	HEFAMAA /YOHFIMA
Program Delivery	Develop, promote and Monitor health plans for public PHC centers	Develop and Monitor health plans	
Personnel Management	Recruit, Promote, Post, Train, Discipline & ensure remuneration of PHC personnel	Recruit, Promote, Post, Train, Discipline & remuneration of hospital personnel	Ensure the authenticity of credentials of facilities personnel.
Service Delivery	Provision of PHC services in public PHC facilities	Provision of healthcare services by secondary health facilities	Evaluate performance based on set standards by at least a monitoring visit twice a year.
Resource Mobilization	Disburse & manage funds from the National and donors for PHC service delivery	Disburse & manage funds from the National and donors	
Facility management	Planning, Budget provision & Monitoring of public PHC	Planning, Budget provision & Monitoring of secondary health facility	Set required minimum standards for operations of health facilities both in public and private health sector.
Administrative coordination	Coordination with Local Government Authorities on effective management of PHC centers	Coordination & integration of healthcare services with that of Local Government Authorities	Register, inspect and monitor all public & private health facilities.
Health Commodity Supply	Procurement & distribution of drugs & health commodities to PHC	Procurement & distribution of drugs & health commodities to secondary Health facilities	
Data management	Generate, analyze, and utilize data from PHC centers for decision making	Generate, analyze, and utilize data from secondary health facilities for decision making	
Program & Service Evaluation			Evaluate performance based on set standards by at least a monitoring visit twice a year.

4

Comparison of Legal Provisions for HEFAMAA [Lagos] and YOHFIMA [Yobe]

There are slight differences in the provisions of the law for the establishment, administration, management, and operationalization of the only two [2] states with regulatory agencies for both public and private health facilities. These differences will not in any way affect the primary mandate of both agencies. The differences are largely in the areas of administration of the agency, and this could largely be due to peculiarities.

Table 5: Showing comparison of Laws establishing HEFAMAA and YOHFIMA

Thematic Areas	HEFAMAA [Lagos State]	YOHFIMA [Yobe State]
Power of the Commissioner	Power to give directive to the Agency and the Agency must comply. And powers to regulate fees charged by the agency [Section 59 & 68 HSRL 2006]	
Composition of Governing Board	Five [6] man board headed by a chairman with representation from 1-NMA, 1-NANNM, 1-AMLSN, 1-legal practitioner from SMOJ and Executive Secretary as Secretary to Board [Section 46 [1-3] HSRL 2006]	Five [11] man board headed by a chairman with representation from each of the 3 senatorial zones, 1-SMoH, 1-SMoJ, 1-NMA, 3-JOHESU, and Executive Secretary as Secretary to Board [Part III 7 YOHFIMA gazette]
Tenure of Governing Board	Not Stated	First term of 4 years, renewable for another 4 years
Functions of Governing Board	Not explicitly stated	Six [6] functions defined by law for the governing board
Other provisions for the Governing Board	Meetings to be held at least 3 times a month to be chaired by the Chairman	Regular meetings Standing Order powers for meetings Availability of a secretariat for the board Vacation of membership
Executive Secretary	Requirement: Civil Servant on a grade level not lower than GL13 preferably a health care professional Appointment: Appointed by the Commissioner Tenure: Not explicitly stated [Section 53 [1-3] HSRL 2006]	Requirement: Healthcare professional with not less than 15 years, Certified auditing & inspection officer Appointment: Appointed by the Governor & recommended by the Commissioner Tenure: 4 years renewable [Part III Section 15 [1-2] YOHFIMA gazette]
Functions of the agency	There are 13 functions provided by the [Section 48 [1-13] HSRL 2006]	There are 13 functions provided all together by the law. 9 of the functions subsumes the 13 functions from HEFAMAA plus additional 4 functions [Part II Section 6 [a-m] YOHFIMA gazette]
Departments of the Agency	There are six [5] in numbers; - Administration & Personnel - Enforcement & Legal Services - Finance & Internal Audit - Research & Medical Statistics - Inspectorate [Section 77 [1-5] HSRL 2006]	There are six [6] in numbers; - Operations - Planning, Research & Statistics - Inspection & Monitoring - Finance & Accounts - Administration & Human Resource - Information, Communication & Tech [Part III Section 16 [a-g] YOHFIMA gazette]
Management Committee	Not Stated	Management committee with Executive Secretary and all departmental heads as members [Part III Section 17 [1-2] YOHFIMA gazette]

Staffing	Not Stated	Provisions made for Renumeration, Condition of service, Appointment & Discipline [Part IV 18-22 YOHFIMA gazette]
Appointment of Franchise company	Provision made for engagement of a franchise firm to do some of the Agency's work. [Section 50 [1-3] HSRL 2006]	Power granted to the agency for the engagement of a franchise. The legal framework on this is however limited [Part II Section 5 [e] YOHFIMA gazette]
Fund Management	Provision made for the agency to retain all funds from government, donors and revenue from its work. [Section 51 [1-5] HSRL 2006]	Provisions made for management of funds from different sources by the agency [Part VI Section 44-47 YOHFIMA gazette]
Appeal	An opportunity to appeal against the agency decision on a health facility is provided by the law [Section 62 [1-3] HSRL 2006]	An opportunity to appeal against the agency decision on a health facility is provided by the law [Part V Section 30 [1-4] YOHFIMA gazette]
Legal Penalties	In response to major infraction the law has made specific provisions making a health facility liable to a conviction fine [Section 74 [1-8] HSRL 2006]	In response to major infraction the law has made specific provisions making a health facility liable to a conviction fine [Part V Section 42 [1-9] YOHFIMA gazette]
Category of health facilities	Not Stated	Provision made clearly stating the different categories of health facilities capture by the YOHFIMA law. [As Stated in Schedule I YOHFIMA gazette]
Traditional Medicines		YOHFIMA operational framework has included traditional medicines providers as an added scope. The provision clearly defines the categories of traditional medicine providers to be regulated by the agency.

5

Comparison of governing board and functions for HEFAMAA and YOHFIMA:

The laws establishing HEFAMAA and YOHFIMA provides for the agencies to have a governing board, an executive secretary, and head of departments for effective management of its day-to-day operations. This provision is the standard administrative structure for most agencies and parastatals in Lagos State and Nigeria at large. The Executive Secretaries of HEFAMAA and YOHFIMA provide the administrative and operational leadership for the day-to-day running of the agency while referring to the governing board for strategic guidance. The departmental heads all report to the Executive Secretary and are responsible for the delivery of HEFAMAA mandate broken into the individual departmental functions.

Table 6: Composition of HEFAMAA governing board

S/N	COMPOSITION	HEFAMAA	CONSIDERATION
1	The Board Chairman	1	An experienced healthcare professional with a minimum of 20 years' experience with adequate knowledge in health administration and quality assurance

2	Representative of the Ministry of Health	1	Not below the rank of Director
3	Representative of ministry of Justice	1	A legal practitioner nominated by the Attorney General and Commissioner for Justice and who shall be a person with 10 years post call experience.
4	Representative of the Nigeria Medical Association (NMA)	1	A nominee of the Nigeria Medical Association (NMA), State Chapter.
5	A representative of National Association of Nigeria Nurses and Midwives (NANNM)	1	A nominee of the National Association of Nigeria Nurses and Midwives (NANNM), State chapter.
6	A representative of Association of Medical Laboratory Scientist of Nigeria (AMLSN)	1	
7	Executive Secretary of the Agency	1	Who will act as the Secretary for the board.
		7	

Table 7: Composition of YOHFIMA governing board

S/N	COMPOSITION	YOHFIMA	CONSIDERATION
1	The Board Chairman	1	An experienced healthcare professional with a minimum of 20 years' experience with adequate knowledge in health administration and quality assurance
2	Representation of each of the three Senatorial Zones	3	People of proven integrity representing public interest, one from each senatorial zone of the state, one of whom shall preferably be a female
3	Representative of the Ministry of Health	1	not be below the rank of Director
4	Representative of ministry of Justice	1	A legal practitioner nominated by the Attorney General and Commissioner for Justice
5	Representative of the Nigeria Medical Association (NMA)	1	A nominee of the State Chapter of the Nigeria Medical Association (NMA)
6	Three (3) representative of Joint Health Sector Unions (JOHESU)	3	
7	Executive Secretary of the Agency	1	Who will act as the Secretary for the board.
		11	

YOHFIMA has a Management Committee for the Agency as an additional structure for management of the agency. The provision of the law provides for the following members.

1. Executive secretary
2. Director operation
3. Director planning, Research, and statistics
4. Director Inspection and Monitoring
5. Director Admin and Human Resources- who shall also serve as Secretary.

Notwithstanding the provision of sub section (1) of this section, the Board may appoint additional member(s) into the Management Committee when the needs arise.

6

Comparison of Departments and functions for HEFAMAA and YOHFIMA:

Currently HEFAMAA has about thirty staff including technical and administrative staff. The functions of the Governing Board, the Executive Secretary and the departments are clearly defined in the HSRL of 2006. The composition of the Governing Board is outlined below.

The laws setting up HEFAMAA and YOHFIMA provided for the set-up of various departments for the agency to carry out its functions effectively and efficiently. The setup of the departments in the two agencies are quite similar except for a slight variations largely noticeable within the YOHFIMA structure. HEFAMAA has a total number of 5 departments while YOHFIMA has 6 departments. A key difference is in the Enforcement and Legal services department, which is a full fledged department in HEFAMAA, but the function of the department broken into a department known as Operations and a Legal unit in YOHFIMA. We believe this modification in the YOHFIMA structure is to allow for clear separation of functions compare to all bundled functions seen in HEFAMAA. Another difference is the addition of the Information and Communication Technology as a department in YOHFIMA, whereas it exists as a unit in HEFAMA

Table 8: Showing comparison of departments across HEFAMAA and YOHFIMA

S/N		HEFAMAA	YOHFIMA
1	Departments	Administrative/ Personnel	Administration and Human Resource
2		Finance and Internal Audit	Finance and Accounts
3		Research and Medical Statistics	Planning, Research and Statistics
4		Inspectorate	Inspection and Monitoring
5		Enforcement and Legal Services	Operations
6			Information and Communication Technology
1	Units	Quality improvement	Legal
2		Regulation and Licensing	Internal Audit
3		ICT	Information and Public Relations
4		Public Relations	Security
5		Planning	Procurement
6		Procurement	



Table 9: Showing outline of HEFAMAA departments, legal requirements, and functions

S/N	Departments	Legal Requirements	Function
1	Administrative/ Personnel Department	which shall be headed by a Civil Servant on an equivalent position of a Chief Administrative Officer (GL. 14)	<ul style="list-style-type: none"> - Overseeing all administrative policies and coordinating implementation of the Agency's core mandate - Workforce planning and establishment - Learning and development including trainings and career progression - Employee relations including appeals, staff welfare, industrial relations and discipline - Human resource measurement and accountability including appraisal, promotion, exit and pension matters. - HR matters in relation to circulars and with other MDAs - Tracking of in-mails and out-mails - Tracking of re-opening letters and closure notice - Issuance of certificates and logos - Customer relations and social media management - Management of office supplies for the Agency - Maintenance of Agency vehicles - Schedule in-house and external events - Acquisition of computer devices for the implementation of the e-HEFAMAA/ e-billing system - Tracking of clients and customer's complaint on the e-HEFAMAA platform and real time resolution
2	Enforcement and Legal Services Department	which shall be headed by a Legal Officer not below GL12 from the Ministry of Justice with appropriate experience in Civil Litigation/ Corporate Law experience	<ul style="list-style-type: none"> - Issuance of advice on all legal matters - Enforcement of patients' rights and responsibilities even when the defects in the practices occur in public institutions. - Ensure the prosecution of offenders by the Ministry of Justice.
3	Finance and Internal Audit Department	which shall be headed by an equivalent of a Civil Servant not lower than GL.10 with appropriate experience in Finance and Accounts;	<ul style="list-style-type: none"> - Audit store items and revenue generated by the Agency. - Conduct quarterly staff audit exercise to detect anomalies. - Perform pre and post payment audit of vouchers. - Produce audit reports monthly. - Reconciliation of all HEFAMAA tellers with bank statement - Processing of Agency vouchers - Retirement of vouchers processed for the Agency. - Submission of vouchers for auditing - Facilitation of periodic bank withdrawals for the Agency

4	Research and Medical Statistics Department	which shall be under a head who shall be an equivalent of a Chief Statistician or Medical Doctor with wide experience in Medical Statistics and Health Management Information System not below GL. 14. A Medical Doctor with public, health degrees shall be considered an advantage for the post.	<ul style="list-style-type: none"> - Collect data from different units within the Agency. - Collate and analyze data collected on a monthly basis. - Produce monthly, quarterly and annual reports for the Agency. - Disseminate monthly, quarterly and annual reports. - Review and update all data collection tools and benchmark scores used by the Agency. - Facilitate the training of new monitors on the tools used for quality assurance. - Develop a repository for information management for the Agency
5	Inspectorate Department	which shall be under a head who shall be an experienced Medical Doctor not below GL. 14 with wide experience in General Practice, Medical Administration and Health Management.	<ul style="list-style-type: none"> - Conduct inspection visits to health facilities for Registration Approval - Conduct monitoring visits to health facilities for Registration Renewal - Provide on-the-job supportive supervision of healthcare workers in private health facilities. - Investigate petitions written against health facilities. - Facilitate litigation through the Agency's legal officer and that of the Lagos State Ministry of Health

Table 10: Showing outline of YOHFINA departments, legal requirements, and functions:

S/N	Departments	Legal Requirements	Function
1	Inspection and Monitoring	<p>The department shall be headed by a director on grade level 15/16, who shall be a person of proven integrity, who is Healthcare professional with an experience of not less than 10 years with considerable health administration, auditing and inspection experiences and certified healthcare auditing and inspection officer, to be deployed by the Head of Service on the recommendation of the Hon. Commissioner of Health and Human Services</p>	<ul style="list-style-type: none"> - Conduct inspection visits to healthcare and health-related facilities for registration and renewal approval - Conduct monitoring visits to healthcare and health-related facilities for sustenance of standards and quality service delivery - Provide on-the-job supportive supervision to personnel of healthcare and health-related facilities - Investigate petitions written against healthcare and health-related facilities - Identify quality issues in the healthcare and health-related facilities and provide required support - Provide feedback to healthcare and health-related facilities on standards and quality issues identified during monitoring visits - Train healthcare and health-related facility personnel on identified gaps and challenges - Stakeholder engagement to communicate gaps and necessary corrective actions to take (or taken) - Facilitate litigation through the Agency's legal officer and that of the Ministry of Health - Make and keep an update of inspected and monitored facilities registers

2	Operations		<ul style="list-style-type: none"> - Development and review of set standards for registration - Development and review of tools for inspection and monitoring, Make recommendations for approval of registrations and renewals, suspension or cancellation - Processing of Certificate of standards
3	Planning, Research and Statistics		<ul style="list-style-type: none"> - Serve as the data bank of the Agency. - Budget preparation, planning and review. - Preparation and Development Plans, Monitoring and evaluations of these plans (Rolling, Medium, prospective Project and Implementation) - Conduct research on standard and quality of services delivery across the facilities - Management of Health Information system
4	Information and Communication Technology		<ul style="list-style-type: none"> - Design and provide standardized robust ICT management - Ensure effective collection, storage, retrieval and dissemination of healthcare and health related facilities data - Ensure quality control for evaluation of electronic data of healthcare and health-related for the purpose of planning - Electronic Coding and Indexing of facility records. - Ensure electronic Collection, classification, tabulation, analysis, interpretation and presentation of the Agency data.
5	Finance and Accounts		<ul style="list-style-type: none"> - Periodic budgetary preparation for the Agency in collaboration with other departments. - Maintenance of all relevant books of accounts and preparation of payment vouchers. - Payments of allowances and salaries of casual and ad-hoc staff where necessary. - Keeping of all cash books, bank reconciliations, provision and maintenance of all creditors and debtor's ledger cards. - Maintenance of proper accounting system for services, and other Revenue Fund Schemes in the Agency. - Provide standard accounting system and services for Agency in conformity with the financial regulations and circulars from the state. - Maintenance of general ledgers, posting of all payment vouchers into ledgers and preparation of final accounts for external auditing. - Any other assignment assigned by the Executive Secretary.

6	Administration and Human Resource		<ul style="list-style-type: none"> - Assisting the executive secretary in Coordinating, monitoring and managing the administrative affairs on a day-to-day basis. - Ensuring efficient management of Agency's human resources. - Allocate office accommodation to all staff of the Agency. - Taking custody of all Agency administrative documents and records. - Preparing periodic reports on Agency activities to the Executive Secretary. - Recruitment, placement, promotion, posting and discipline including capacity building, welfare and other matters custody of staff records, interpretation and implementation of establishment circulars. Training and staff development matters. <p>Other duties and responsibilities include;</p> <p>Mechanical;</p> <ul style="list-style-type: none"> - Responsible with supervision, repair and maintenance of mechanical equipment, vehicles, boilers, generators, air conditioners, refrigerators. <p>Electrical;</p> <ul style="list-style-type: none"> - Responsible for the supervision, repair and maintenance of electrical power supply equipment in the Agency. <p>Building;</p> <ul style="list-style-type: none"> - Responsible for the supervision, construction, repair and maintenance of buildings. - The Director Administration and Human Resources shall serve as secretary to the Management Committee of the Agency.
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7

Comparison of Operational Components for HEFAMAA and YOHFIMA:

The functions of a regulatory agency such as HEFAMAA carefully requires considerations and consultations across a wide range of stakeholders. Even though there are existing global frameworks for regulating health facilities, defining a framework within the local context is of great importance to the overall success. HEFAMAA has defined a regulatory framework for monitoring, accrediting, and licensing health facilities within the context of a complex state such as Lagos and this regulatory framework is working. Likewise, Yobe State, who more recently replicated HEFAMAA in YOHFIMA has introduced a wider scope and innovation into its operations.

For an agency such as one regulating, accrediting, and monitoring health facilities, it is imperative that there are guidelines for the operation and administrative of their services These guidelines are particularly important for the staff but also there is the need for the target audience to understand the processes that resulted in certain decisions and actions by the implementing agency. Both HEFAMAA and YOHFIMA have put in place various guidelines to improve their day-to-day operations but of particular interest is the operational or process manual detailing the various components and steps in an end-to-end manner. We have outlined the core operational components and the steps required to execute the regulatory function of HEFAMAA in this report for easy of reference. Also, we have added the YOHFIMA process components as a way of comparing the differences with HEFAMAA if any.

Figure 1: HEFAMAA Core and Support Operational Components

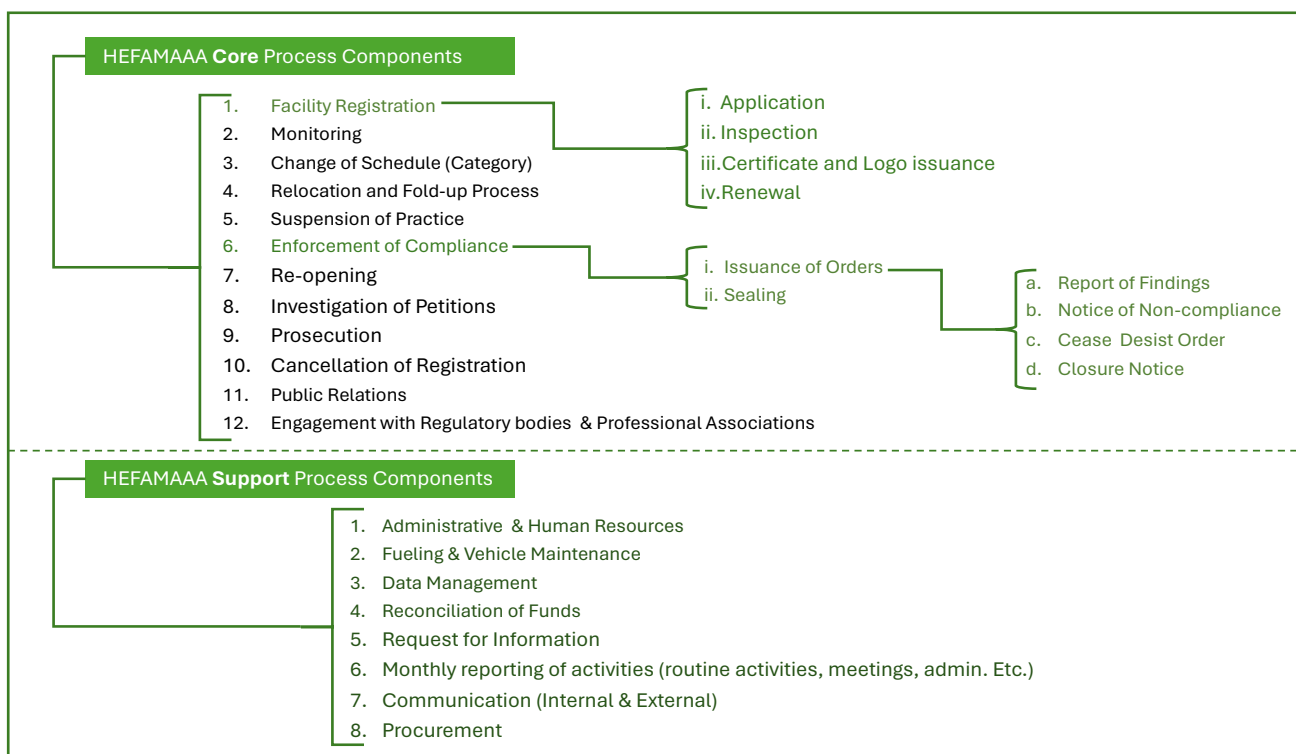
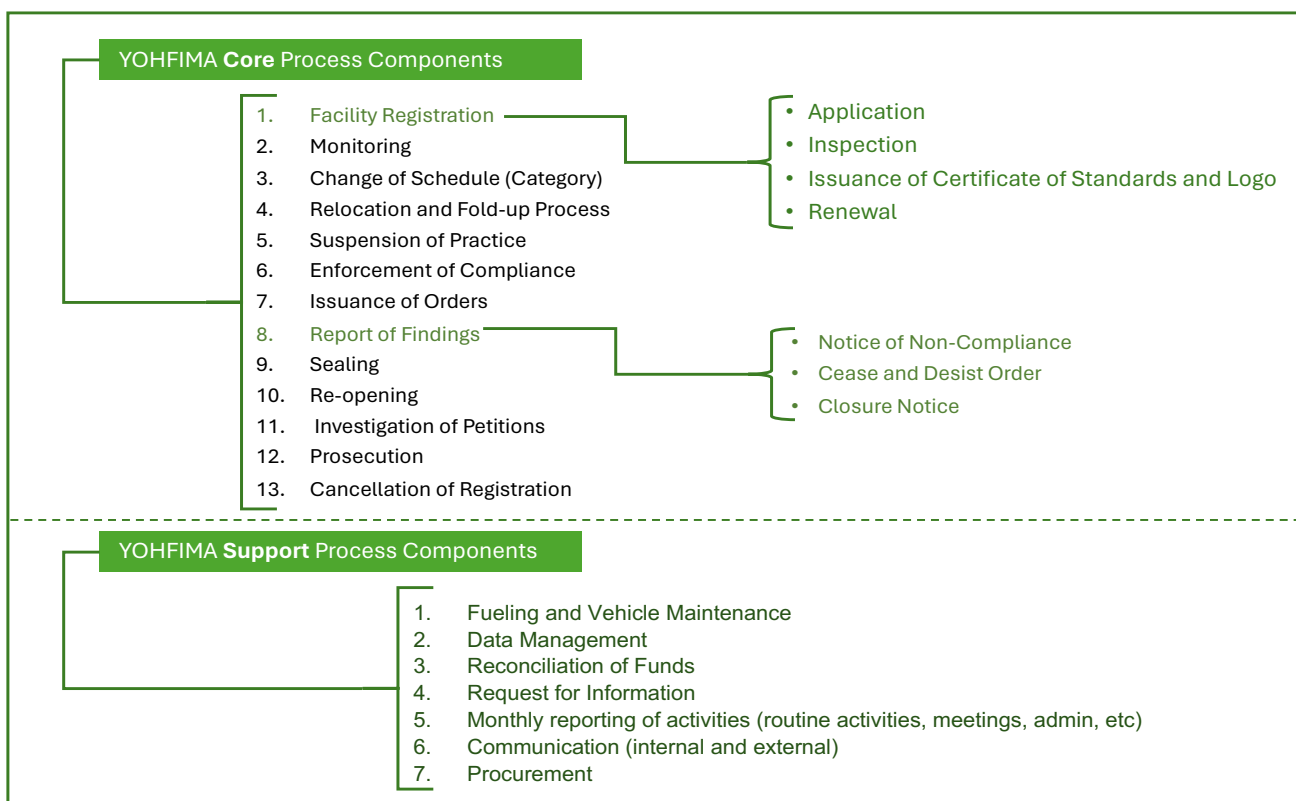


Figure 2: YOHFIMA Core and Support Operational Component



In general, both process components of the two agencies are very similar. The slight difference does not in any way impact the quality and or overall effectiveness of any of the agencies. The HEFAMAA core process component has two components that are missing in the YOHFIMA core process components, the “public relations and Engagement with regulatory agencies and associations” components. The two components are important additions that can help in the resolve of matters arising because of the agency’s regulatory actions as well as in the promotion of the agency’s work. They are however not critical in the discharge of the agency’s core function.

8

Comparison of scope of work and services for HEFAMAA and YOHFIMA:

Understanding the scope of work of the agencies is very crucial to the outcome of this case study. The scope of work provides the context for the work that they do and how they do it. The YOHFIMA agency has an added scope outside of the global standard of scope for a regulating agency. The YOHFIMA operational framework has included traditional medicines providers as an added scope. The provision clearly defines the categories of traditional medicine providers to be regulated by the agency. Categories of Traditional Medicine providers captured by law are (1) Traditional Medicine Ingredients/Herbal product seller; (2) Traditional Medicine Bone Setter; (3) Traditional Medicine Birth Attendant; (4) Traditional Medicine Healer and (5) Traditional Medicine Acupuncturist. The law also defined the conditions for their registration and their code of conduct.

Table 11: Showing scope of work and services for HEFAMAA and YOHFIMA

S/N	HEFAMAA	YOHFIMA
1	Set required minimum standards for operations of health facilities both in public and private health sector.	Set required minimum Standards for operations of Facilities as provided in the Schedules to this Law.
2	Issue a format for registration form to include information on projected patient flow and monitoring chart for actual performance.	Issue a format for forms to include relevant information where applicable.
3	Register, inspect and monitor all health facilities.	Accredit, inspect, register and monitor all Facilities listed in the Schedules to this Law.
4	Evaluate performance based on set standards by at least a monitoring visit twice a year.	Evaluate performance based on set Standards by at least having a monitoring visit twice a year.
5	Oversee the Quality Drug Assurance Laboratory.	Disseminate specific performance indicators by way of information to the public from data made available by the Research and Statistics Department, at least quarterly and this shall be the responsibility of the Executive Secretary.
6	Ensure actual performance of the indicators.	Supervise Facilities' buildings; new buildings, expansions, renovation, upgrading and restructuring to ensure conformity with the Standards.
7	Process applications for registration submitted to the Agency from applicants.	Process applications for registration submitted to the Agency.
8	Inspect the premises to be registered under the law.	Ensure the authenticity of the credentials and licenses of personnel in conjunction with professional bodies.
9	Collate all necessary information on registered health facilities in the State.	inspect, monitor and control of medical waste management and unsafe food in all Facilities.
10	Advise the commissioner/ special adviser on all matters relating to the registration, inspection and supervision of private and public hospitals in the state.	Collaborate with Federal, State Ministries, Local Government Councils, statutory bodies, research and educational institutions on matters relating to Facilities' protection.
11	Enforce compliance with the provisions of the law.	Encourage and promote the coordination of Facilities' activities to all traditional Institutions and structures across the State.
12	Ensure the authenticity of credentials of facilities personnel	Advise the Commissioner on all matters relating to the registration, inspection and supervision of private and public Facilities in the State;
13		Carry out such other activities as are necessary or expedient for the full discharge of the functions of the Agency under this Law.



HEFAMAA and YOHFIMA have recorded tremendous achievements in the healthcare sector of Lagos and Yobe State, and they remain one of the most pivotal organizations under the ministry of health to sure universal quality-of-care for all residents in the state. Despite all the landmark achievements made in the last couple of years, both organizations have faced several challenges that has in one way or the other infringed on their attainment of full potential. Some of the lessons learnt from this case study are largely tied to the effective delivery of their operations. The lessons learnt are outlined in the table below.

Table 12: Outline of Lessons Learnt from HEFAMAA

S/N	Focus	Description	Remarks
1	Political Commitment	<p>The increasing need for political commitment and oversight in the effective management of any institution or program cannot be overemphasized. Following the institutional assessment of the HEFAMAA in 2015, the political commitment of the governor has continued to soar, and this has remained a critical factor in the gains made so far by HEFAMAA.</p> <p>Likewise, in Yobe State the commitment of the governor right from the committee stage all through to the establishment of the agency has been pivotal for the progress seen and successes made so far.</p>	<p>“Governor Babajide Sanwulo has provided significant support to the agency which contributed to the progresses made so far by HEFAMAA”.</p> <p>“All we have achieved was only possible because of Governor Mai Mala Buni’s commitment to healthcare in Yobe State”.</p>
2	Funding	<p>The state government has continued to provide allocations to the agency for it to deliver on its mandate however these allocations are now inadequate for the effective running of the agency. The inadequacy of funds is largely due to the growing needs of HEFAMAA to make advancements in different areas of its functions and to maintain high quality of work.</p> <p>The agency within the short duration of its establishment has a fully furnished office complex. Unlike HEFAMAA, the YOHFIMA office complex is government owned and provides adequate space for future expansion.</p> <p>All funds generated by both organizations are utilized for their operations while additional yearly budgetary allocations is made by government to their support operation.</p>	<p>HEFAMAA portal requires upgrade in order to accommodate new features and capabilities.</p> <p>Additional cars are required to enable HEFAMAA conduct and improve on frequency of monitoring as well as conduct monitor-the-monitor</p>
3	Regulation of Blood banks	<p>For the purpose of coordination and regulation of blood transfusion services in Lagos State, Lagos State Blood Transfusion Committee (LSBTC) was established with the law No. 10 in 2004 and given the mandate to accredit and regulate both public and private blood banks, to ensure safety of blood.</p> <p>It is therefore mandatory for any blood bank that wishes to operate in Lagos State, to register and get accredited with LSBTC.</p>	<p>To this end every registered blood bank must screen every unit of blood collected at any of the eight (8) screening centers established by the Lagos State Government.</p> <p>“It is an offence to transfuse blood without Lagos State Logo”</p>

4	Staffing	<p>The engagement of franchises has gone a long way in bridging the work force gap being experienced at HEFAMAA. However, for the agency to be able to monitor the monitors [franchises] which is considered another level of supervision and an accountability mechanism in ensuring standards are maintained across board; the staffing gap needs to be addressed.</p> <p>YOHFIMA currently has limitation in staffing but that is something being worked upon.</p>	
5	Insecurity	<p>When major infarctions have been committed by a health facility and the required action is either a sealing or total closure. The HEFAMAA personnel have in rare situations faced aggressive actions from the community where the facility is located and as such pose a threat to the safety of HEFAMAA personnel</p>	
6	Evaluation	<p>Since the last evaluation conducted by PATHS 2 in 2015 on institutional capacity of HEFAMAA, no other form of evaluation has been conducted. Likewise, no impact assessment has been conducted since the inception of the organization about 18 years ago. The importance of an evaluation for an organization is critical to the growth of that organization</p>	



Recommendation for setting up a health facility accreditation and monitoring agency.

Following our careful review of this case study, we are obliged to provide recommendations to states who intend to setup an agency for accrediting, regulating and ensuring compliance of public and private health facilities. We have outlined our recommendations in steps for ease of understanding. This is only a guide that can be modified to suite individual state peculiarity.

1. Activation of aTask team
2. Needs assessment,
3. stakeholder consultation,
4. Study tour (wider consultation and requirement gathering)
5. 1st Engagement with State Executive Council
6. Set up of implementation committee
7. Engagement of consultant
8. Engagement with State Assembly
9. 2nd Engagement with State Executive Council

STEP 1: Activation of a Task Team

The health commissioner of the state Ministry of Health should be in the front seat of driving this engagement. It is recommended that a task team or working group with representation from within and outside government is put together to kick of the process for the establishment of a regulatory agency for public and private health facilities accreditation and monitoring. The task team primary responsibility will be to gather necessary data and information necessary for the establishment of the agency and provide strategic guidance to the commissioner of health.

It will be pertinent to note here that all members of the task team must be professionals and technical experts in the various areas that will add significant value to the work ahead without any political connotation.

STEP 2: Needs Assessment

The conduct of a needs assessment to establish a business case for a government investment is imperative to the establishment of an agency for accrediting and regulating both public and private health facilities.

The design of the needs assessment is crucial to the overall outcome of the assessment. Key considerations to be made but not limited to them only include.

1. Clearly defining the problem for the study design
2. Selection of study groups and geographic scope
3. Construction of questions
4. Assessment of political commitment

STEP 3: Stakeholder Consultation

Following the Needs Assessment, a state-wide consultative forum with various stakeholders in the health sector should be carried out. It is important that the stakeholders cut across both public and private health care providers. The most important stakeholders to be involved are the users of these facilities, non-governmental organizations, community-based organizations, professional bodies and associations.

The stakeholder consultative forum provides a significant opportunity to share the outcome of the needs assessment conducted in step 1 above and most importantly also an opportunity for galvanizing stakeholder buy-in for the establishment of an agency for health facility regulations in the state. The outcome of the stakeholder consultation will impact further progress of the plan for establish a health facility regulatory and accrediting agency.

STEP 4:

Study tour
(wider
consultation &
requirement
gathering)

At this stage, the task team is ready to reach out to states already implementing a regulatory agency for both public and private health facilities (Lagos and Yobe in this case). The goal of this understudy of actual setup and implementation of a regulatory and accrediting agency is to learn first-hand about the successes, challenges and opportunities for innovation on what already exist.

The composition of the team going for the study tour should encompass key stakeholders that will hitherto contribute and influence the successful setup of a similar agency in the state. Representatives from across the public and private health service providers, professional bodies and association will be of significant value in reliving the experience and learning during implementation.

STEP 5:

1st Engagement
with State
Executive
Council

Following the successful completion of steps 1-5, a comprehensive report of all findings and recommendation from the task team is then presented to the commissioner of health. The report will then be supported with a memo to the State Executive Council where further deliberations and endorsement will be made by the members of the council before securing an approval from the executive governor. Two important prayers to be made by the commissioner to the governor.

- 1- Approval for the establishment of a public and private health facility regulatory agency
- 2- Approval for the setup of a committee by the governor for the implementation of the plan for establish of the agency.

With the approval secured for the two prayers above, and the composition and setup of a committee conducted by the governors, the health commissioner has all the political and administrative backing to embark on a full-scale implementation of the agency.

STEP 6:

Set up of
implementation
committee

The implementation committee setup by the executive governor should be chaired by the commissioner of health or a representative of the governor. The composition of the committee will include the health ministry, representative of the State primary health care agency, the health management board, private health care providers association, the health partners, donors, health related professional bodies and associations.

The mandate of the committee is to ensure the establishment and full setup of the agency within the legal provision of the law. The committee will report back to the executive governor at specified intervals.

STEP 7:

Engagement of
consultant

We would recommend that the committee appoints an independent consultant to fast track the work of the committee and the overall attainment of the committee's mandate. The consultant in question should be someone with experience in achieving the following

- providing the required technical support in the development of the organizational framework within the context of the local health landscape,
- supporting in defining appropriate strategies for effective engagement of the stakeholders,
- support the drafting of a bill for the establishment of the agency,
- support the development of policies and operational tools to ensure the smooth take off the agency when fully established
- Provide technical support in any other areas of importance to the committee.

The recommendation for a consultant to support the committee may however not be necessary where there are already dedicated experts within the committee to do the hands-on development of all the necessary tools. Our recommendation is in consideration that most members of the committee will be consumed with other statutory routine work.

STEP 8:
Engagement
with State
Assembly

The State Assembly's primary responsibility is to make law. By the provision of Section 4(6) and (7) of the 1999 Constitution of the Federal Republic of Nigeria (as amended), empowers the State Assembly to make laws for the peace, order and good governance of a State or any part thereof. With this fore knowledge, the committee will undertake the responsibility of getting the necessary documents to the state assembly for the passage of a bill.

The process of legislative review will be undertaken at this stage with necessary consensus galvanized through the house committee on health for endorsement by the large house. The outcome of a law establishing an agency for accreditation, regulation and compliance will require some lobbying by various pressure groups for actualization.

STEP 9:
2nd
Engagement
with State
Executive
Council

Following the passage of the bill into law by the state assembly, the executive governor will approve the law for it to become operational and binding. It is at this stage that the committee will also submit its report with all recommendations for the concurrence of the state executive council and approval by the executive governor.

The state executive council will most likely approve a setup budget and a temporary operational base for the agency until when a supplementary budget can be secured for the full take off its operations.



Front desk of the new office complex for HEFAMAA



Monitoring of private health facility by the HEFAMAA monitoring team



Group picture of HEFAMAA management and the case study research team from



It is important to emphasize that the political agenda setting of any government under democratic governance identifies health as a priority agenda item in addition to other priority agenda items, however, not all state government are able to fully activate and deliver on their agenda items. This inability to deliver is largely due to several impediments that is sometimes out of the control of the state government.

Both the Lagos and Yobe State governments have since recognized the importance of accrediting and regulating both public and private health facilities in their states and have put in place HEFAMAA and YOHFIMA respectively as government instruments for ensuring all health facilities in their states regardless of their status, classification and location are routinely accredited and regulated according to global best practice. The level of confidence and faith of the people in hospitals can be increased through accreditation since it ensures that the accredited healthcare provider practices and delivers continuous quality services and also functions in the best interests of all patients.

It is quite evident that many regulations made by the government are not followed in most states and hence the quality of healthcare remains poor and unattended to. Since accreditation is voluntary, it challenges the medical regulations laid down by the government both at state and central level. Accreditation fills the gaps or removes the areas of deficiency and ultimately establishes optimum standards, professional accountability and clinical excellence. Even the Government has acknowledged that accreditation should be performed by a way of independent assessment programmes and with incentives both for secondary and tertiary level of hospitals to ensure patient safety and quality of care.^{ix}

To conclude, accreditation is a transparent system of control over the accredited hospital which assures that the hospital will constantly fulfill the accreditation criteria. The on-site survey of the hospital and staff by the experienced accreditation assessment team encourages them to establish educational and performance improvement goals. The best part is that it gives the opportunity to the patients to give a feedback on the services they availed themselves during their stay in the hospital and also to complain if they were dissatisfied. Finally it ensures that hospitals, whether public or private, national or expatriate, play their expected roles in national health system.



- ⁱ [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
- ⁱⁱ <https://www.yourtrainingprovider.com/healthcare-regulations-who-does-what/>
- ⁱⁱⁱ Medical Quackery and Criminal Liability in Nigeria:
https://www.researchgate.net/publication/353365703_Medical_Quackery_and_Criminal_Liability_in_Nigeria
- ^{iv} <https://www.sciencedirect.com/science/article/pii/S1438463917303760>
^v[file:///Users/Cambio1/Downloads/Minimum%20Standards%20for%20Primary%20Health%20Care%20in%20Nigeria.p
df](file:///Users/Cambio1/Downloads/Minimum%20Standards%20for%20Primary%20Health%20Care%20in%20Nigeria.pdf)
- ^{vi} [https://jliedu.ch/importance-of-accreditation-of-hospitals-in-
healthcare/#:~:text=The%20primary%20goal%20of%20the,quality%20and%20effectiveness%20of%20healthcare.](https://jliedu.ch/importance-of-accreditation-of-hospitals-in-healthcare/#:~:text=The%20primary%20goal%20of%20the,quality%20and%20effectiveness%20of%20healthcare.)
- ^{vii} [https://www.questionpro.com/blog/organizational-
assessment/#:~:text=Better%20decision%2Dmaking%3A%20Organizational%20assessment,important%20information
%20for%20decision%2Dmaking.](https://www.questionpro.com/blog/organizational-assessment/#:~:text=Better%20decision%2Dmaking%3A%20Organizational%20assessment,important%20information%20for%20decision%2Dmaking.)
- ^{viii} Institutional Capacity Assessment of HEFAMAA Final.pdf
- ^{ix} [https://jliedu.ch/importance-of-accreditation-of-hospitals-in-
healthcare/#:~:text=The%20primary%20goal%20of%20the,quality%20and%20effectiveness%20of%20healthcare.](https://jliedu.ch/importance-of-accreditation-of-hospitals-in-healthcare/#:~:text=The%20primary%20goal%20of%20the,quality%20and%20effectiveness%20of%20healthcare.)